New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line #	‡							
	SECTION I: Parties a	and Term of Contra	acts					
1	Public Employer:	ollingswood	Baged	County: Corndo	Ŋ			
2	Employee Organizatio	Employee Organization:		Number of Employees in Unit: 243,8				
3	Base Year Contract Te	rm: 2015-2019	È	New Contract Term:	2019-2021			
	SECTION II: Type of	Contract Settleme	ent (please check	only one)				
4	Contract sett	Contract settled without neutral assistance						
5	Contract settled with assistance of mediator							
6	Contract settled with assistance of fact-finder							
7	Contract settled with assistance of super-conciliator							
8				a report with recomn	mendations?			
	Yes No	If contract was settled in fact-finding, did the fact-finder issue a report with recommendations? Yes No No						
	SECTION III: Salary	Base						
	The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.							
9	Salary Costs in Base Ye	Costs in Base Year \$ 15,162, 380						
10	Longevity Costs in Base Year		\$ 115,675					
11	Total Salary Base		\$ 15,278,0	56	W0.910			
	SECTION IV: Salary	Increases for Each	Year of New Agr	eement*				
		Year 1	Year 2	Year 3	Year 4	Year 5		
12	Effective Date (month/day/year)	711/2018	17/1/2019	17112020		The second section is the second section of the second section of the second section is a section of the second section of the second section is a section of the second section of the section of the second section of the secti		
13	Cost of Salary	334,166	330786	341,578				
14	Increments (\$) Salary Increase Above							
14	Increments (\$)	139455	156,694	1162,657				
15	Longevity Increase (\$)	0	26500	0				
16	Total \$ Increase (sum of lines 13-15)	473,621	513980	504,235				
17	New Salary Base (\$)	15,751,677	16265657	16769892				
18	Percentage increase over prior year	3.1 %	3.1 %	31%	<u>%</u>	%		
	*If contract duration is longer than five years, please add an additional page.							

	SECTION VI: Medical Costs		
		Base Year	Year 1
21	Health Plan Cost	\$ 3249264	\$ 3574190
22	Prescription Plan Cost	\$ 998738	\$ 1,188,498
23	Dental Plan Cost	\$ 171975	\$ 171975
24	Vision Plan Cost	\$	\$
25	Total Cost of Insurance	\$4,49,977	\$ 4,934,663
26	Employee Insurance Contributions	\$ 861555	\$ 888,765
27	Employee Contributions as % of Total Insurance Cost	19.5 %	18 %

Page 2 of 3 (complete all pages)

Employ	er: Collingswood Employee Organization: CEA	Page 3
Section	VI: Medical Costs (continued)	
28	Identify any insurance changes that were included in this CNA. O Clerced optional low cost plan - Pos 11 plan where deced there Contributions.	(i)
29	SECTION VII: Certification and Signature The undersigned certifies that the foregoing figures are true: Print Name: Buh Am Column Position/Title: bus Adm Signature: Curlool8	
	Send this completed and signed form along with an electronic copy of the contract and the signed of the contracts@perc.state.nj.us	ertification

NJ Public Employment Relations Commission

Conciliation and Arbitration

PO Box 429

Trenton, NJ 08625

Phone: 609-292-9898

Revised 8/2016